

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective ¹⁰⁻⁰¹⁻⁰⁹~~09-01-09~~

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	117,939,877	+ 2.4 %
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) See Filing Memorandum:
(Adopt 4/1/09 Advisory Rates)

Law only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

ACE AMERICAN INSURANCE COMPANY

Name of Company

Steve Kreider – WC Associate Product Manager

Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

OCT 1 2009

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 04/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	2,799,174	+2.4%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) See Filing Memorandum:
(Adopt 4/1/09 Advisory Rates) Law only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

ACE FIRE UNDERWRITERS INSURANCE COMPANY

Name of Company

Steve Kreider – WC Associate Product Manager

Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 04/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	15,007,150	+2.4%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adopt 4/1/09 Advisory RatesLAW only Filing

* Adjusted to reflect all prior rate changes.

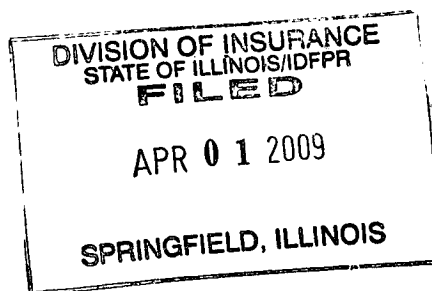
** Change in Company's premium level which will result from application of new rates.

ACE PROPERTY & CASUALTY INSURANCE COMPANY

Name of Company

Steve Kreider – WC Associate Product Manager

Official — Title



RECEIVED

APR 10 2009

**IDFPR (MPS)
DIVISION OF INSURANCE
SPRINGFIELD**

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective
04/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	1,124,021	+2.5%
Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so,
specify. No.

Brief description of filing. (If filing follows rates of an advisory Organization, specify
organization): Adopting NCCI April 1, 2009 rates.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

ACIG Insurance Company

Name of Company

Courtney Howerton - Underwriting Operations Manager

Official - Title

STATE OF ILLINOIS/IDFPR

FILED

APR 01 2009

AL:vw:61146UN\04/07/09

SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective ~~upon approval~~ 4-1-09.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	40,611,325	2.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adopting the WC rates filed by NCCI in IL-2009-01.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

ACUITY, A Mutual Insurance Company

Name of Company

Regulatory Filing Technician

Official - Title

RECEIVED

APR 15 2009

**IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD****ILLINOIS SUMMARY SHEET****FORM RF-3**Change in Company's premium or rate level produced by rate revision effective 5/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	104,612	+2.5
16. Other _____ Line of Insurance		

**DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED**

MAY 01 2009

SPRINGFIELD, ILLINOISDoes filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI advisory rates andmiscellaneous values as published in NCCI circular IL-2009-03Law only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Advantage Workers Compensation Insurance Company**Name of Company**Tina Knight, Analyst**Official — Title**

RECEIVED

APR 17 2009

**IDFPR (MPS)
DIVISION OF INSURANCE
SPRINGFIELD**

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/01/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>81,073</u>	<u>+2.5%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI law-only filing reflecting the implementation of the hospital outpatient and ambulatory surgical treatment center fee schedules effective April 1, 2009.**DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED**

APR 01 2009

SPRINGFIELD, ILLINOIS

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Alaska National Insurance
Company

Name of Company

Edith Goodgame,
V-P Underwriting Services

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u>	<u>\$695,179</u>	<u>+2.5%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

na

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting IL law only Filing reflecting the implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center Fee Schedules loss costs

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

SEP 01 2009

SPRINGFIELD, ILLINOIS

All America Ins Co

Name of Company

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective April 1, 2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,376,026	+2.0% +
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing proposes to apply
the currently approved loss cost multiplier of 1.873 (1.917 for F-classes) to the loss costs published by the National Council on
Compensation Insurance effective April 1, 2009 for new and renewal policies. *LAW only Filing*

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

+ Based on class codes which AAIC writes.

American Alternative Insurance Corporation
 Name of Company

Kathryn Sine, Senior State Filing Analyst
 Official — Title

DIVISION OF INSURANCE
 STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET FORM RF-3

Change in Company's premium or rate level produced by rate revision effective April 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	16,314	+2.5
16. Other _____		
Line of Insurance _____		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

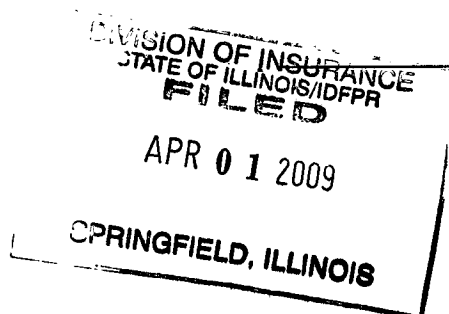
Brief description of filing (if filing follows rates of an advisory organization, specify organization) Filing to adopt
the NCCI Advisory Rates approved under NCCI Circular IL-2009-03 effective April 1, 2009 without deviation.

* Adjusted to reflect all prior rate changes.

** change in Company's premium level which will result from application of new rates.

American Business and Personal Insurance Mutual, Inc.
Name of Company

Janice L. Hohenstein, CPCU
Actuarial Analyst
Official - Title



SUMMARY SHEET

FORM (RF-3)

Change in Company's premium or rate level produced by rate revision
Effective July 5, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$ 10,033,076	+2.5%

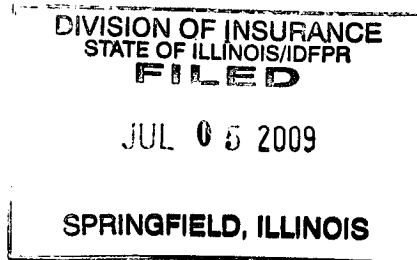
Does filing only apply to certain territory (territories) or certain classes? No
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
Organization, specify organization): Adoption of NCCI Revision - Circular IL-2009-03.

No change in deviation - will remain at 20.0% of NCCI rates. Law only

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will
result from application of new rates.



AMERICAN FAMILY MUTUAL INS. CO.

Name of Company

James P. Meyer

Official - Title

James P. Meyer, ACP, AIM
Senior Pricing Analyst/Filings

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 6/1/2009 NB & RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$1,420,420	6.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

American Fire and Casualty Company

Name of Company

Dan Francis, Sr. Regulatory Filing Analyst

Official - Title

 DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JUN 01 2009

SPRINGFIELD, ILLINOIS

RECEIVED

JAN 21 2009

 IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 7/1/2009

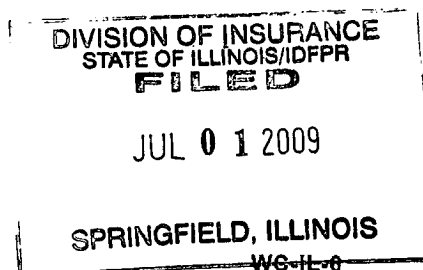
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or-)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$ 20,413,360	2.5% (estimated)
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of 4/1/2009
NCCI Advisory Loss Costs with a delayed effective date of 7/1/2009, to be effective for all
new and renewal policies on and after 7/1/2009.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



American Interstate Insurance Company
Name of Company
Gjurgjica Ledesma - Rate Filing Specialist
Official — Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$115,572	+1.9%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing will apply to all classes.

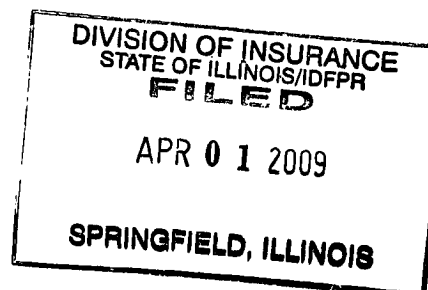
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We will be using NCCI loss costs issued in circulars IL-2009-01 and approved in IL-2009-03 for New and Renewal policies.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

American National Property and Casualty Company
Name of Company

Eleanor Perry, Compliance Analyst
Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	8,347,249	+2.5

Does filing only apply to certain territory (territories) or certain classes? If so, specify: noBrief description of filing. (If filing follows rates of an advisory organization, specify organization): For new and renewal business effective May 1, 2009, adopt NCCI rates announced in Circular IL-2009-01 and approved in IL-2009-03.*LAW only Filing*

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Amerisure Insurance Company

Name of Company

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILEDTracy Upcott - Compliance Analyst II

Official - Title

MAY 01 2009

SPRINGFIELD, ILLINOIS

RECEIVED

APR - 8 2009

IDFPR (MPS)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	8,347,249	+4.0

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): For new and renewal business effective May 1, 2009, adopt NCCI rates announced in Circular IL-2008-07 and approved in IL-2008-13.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Amerisure Insurance Company
Name of Company

Tracy Upcott - Compliance Analyst II
Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

MAY 01 2009

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	7,162,710	+5.0
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: noBrief description of filing. (If filing follows rates of an advisory organization, specify organization): For new and renewal business effective May 1, 2009, adopt NCCI rates announced in Circular IL-2008-07 and approved in IL-2008-13.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Amerisure Mutual Insurance Company
Name of CompanyTracy Upcott - Compliance Analyst II
Official - TitleDIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

MAY 01 2009

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	7,162,710	+2.5
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: noBrief description of filing. (If filing follows rates of an advisory organization, specify organization): For new and renewal business effective May 1, 2009, adopt NCCI rates announced in Circular IL-2009-01 and approved in IL-2009-03.This is The Law only Filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

MAY 01 2009

SPRINGFIELD, ILLINOIS

Amerisure Mutual Insurance Company
Name of CompanyTracy Upcott - Compliance Analyst II
Official - Title**RECEIVED**

APR - 8 2009

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective April 1, 2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$839,738	%+2.5
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

AmGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance, Inc., effective April 1, 2009 per IL-2009-03, which reflects an overall increase of 2.5%, for all policies effective on and after April 1, 2009. *Law only Filing*

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

AmGUARD Insurance Company

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

Name of Company
Jolene Carey, State Filings Representative

Official - Title

APR 01 2009

SPRINGFIELD, ILLINOIS

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 7/1/09

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers'	\$174,104	+2.5%
	Compensation		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Delayed adoption of the IL - Law-Only Filing Reflecting the Implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center (ASTC) Fee Schedules - Voluntary Advisory Rates and Advisory Loss Costs Effective April 1, 2009. Our selected effective date is July 1, 2009. The percent of change listed above is estimated.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JUL 01 2009

SPRINGFIELD, ILLINOIS

Ansur America Insurance Company
Name of Company

Wanda Raymond
R&D Senior Associate
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$2,823,793</u>	<u>2.50%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Class code 9101 Maximum Minimum
Premium of \$500

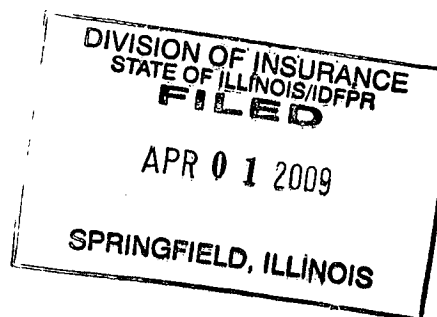
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Argonaut Great Central Insurance company 19860-0457 is filing to adopt the NCCI's 4/1/2009 Law Only Loss Cost

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Argonaut Great Central Insurance Company 19860-0457
 Name of Company

Stefanie Westerdahl Regulatory Analyst
 Official – Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/15/2009 Argonaut Great Central

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$2,823,793</u>	<u>N/A</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: class code 0164
\$0.42 per \$100 payroll

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Class Code 0164 rate of 0.42 per \$100 payroll

*Adjusted to reflect all prior rate changes.

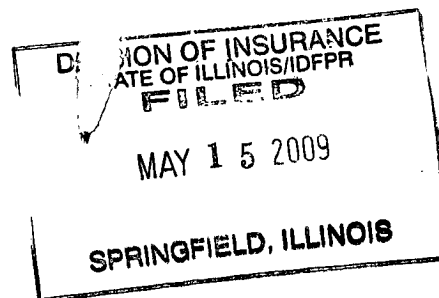
**Change in Company's premium level which will result from application of new rates.

Argonaut Great Central Insurance Company 19860-0457

Name of Company

Stefanie Westerdahl Regulatory Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 05/15/2009 Argonaut Insurance Company

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$2,403,615</u>	<u>N/A</u>
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: Rate Class Code 0164

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Class Code 0164 rate of \$0.42 per \$100 of payroll

*Adjusted to reflect all prior rate changes.

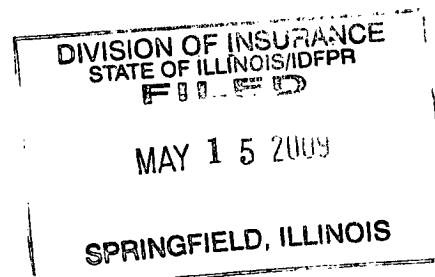
**Change in Company's premium level which will result from application of new rates.

Argonaut Insurance Company 19801-0457

Name of Company

Stefanie Westerdahl Regulatory Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 4/1/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$2,714,680</u>	<u>2.50%</u>
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: Class Code 9101 Maximum Minimum
 Premium \$500 will remain at \$500

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Argonaut Insurance Company 19801-0457 is filing to adopt NCCI's 4/1/2009 Law Only Rates and keep our +15% deviation previously filed

*Adjusted to reflect all prior rate changes.

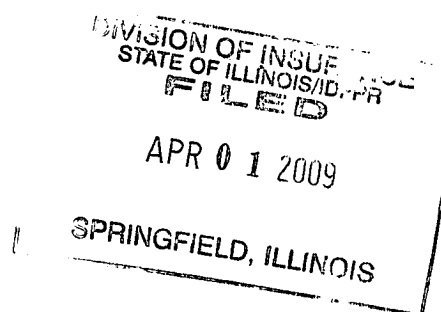
**Change in Company's premium level which will result from application of new rates.

Argonaut Insurance Company 19801-0457

Name of Company

Stefanie Westerdahl Regulatory Analyst

Official -- Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$1,018,423</u>	<u>2.50%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Class Code 9101 Maximum Minimum
Premium \$500

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Argonaut-Midwest Insurance Company 19828-0457 is filing to adopt NCCI's 4/1/2009 Law Only Rates and keep our -10% deviation previously filed

*Adjusted to reflect all prior rate changes.

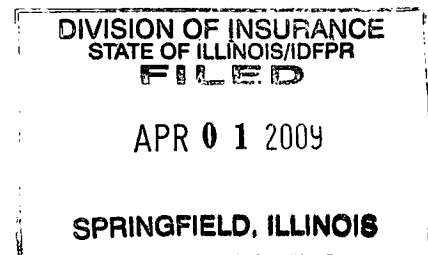
**Change in Company's premium level which will result from application of new rates.

Argonaut-Midwest Insurance Company 19828-0457

Name of Company

Stefanie Westerdahl Regulatory Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/15/2009 Argonaut-Midwest Insurance Co.

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$1,018,423</u>	<u>N/A</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Rate for Class Code 0164

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

0164 rate of \$0.42 per \$100 payroll

*Adjusted to reflect all prior rate changes.

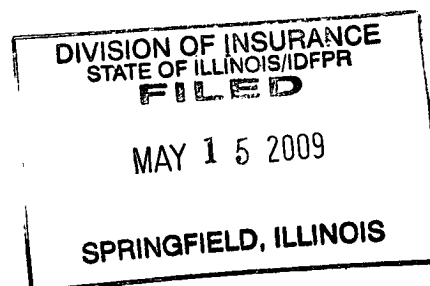
**Change in Company's premium level which will result from application of new rates.

Argonaut-Midwest Insurance Company 19828-0457

Name of Company

Stefanie Westerdahl Regulatory Analyst

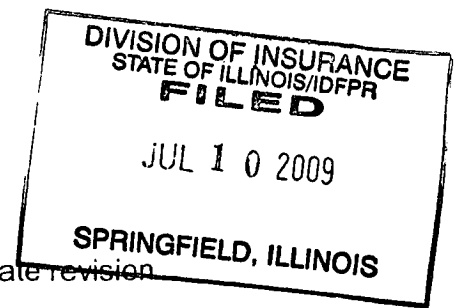
Official - Title



Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision
effective July 10, 2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$19,571,799	+7.3%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No, applies to all classes.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

We are revising our rates, deviating from the National Council on
Compensation Insurance (NCCI) 1/1/09 rates. Preferred classes (listed on cover letter) are deviated +23% from
NCCI advisory rates. All other classes are deviated +30% from NCCI advisory rates.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Auto-Owners Insurance Company

Name of Company

Jennifer L. Smith, Assistant Manager

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	1,822,000	2.5
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Advisory Voluntary Workers Compensation Rates and Minimum Premium Filed by NCCI
Law only Filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Badger Mutual Insurance Company

Name of Company

Terry Falls-Workers'-Compensation Coordinator

Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

Change in Company's premium or rate level produced by rate revision
effective April 1, 2009.

SPRINGFIELD, ILLINOIS

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	261,042	+0.16%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adoption of NCCI's 04/01/09 Law-Only Loss Costs while
maintaining our current LCM of 1.30 for all class codes.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

BancInsure, Inc.

Name of Company

Kathryn A. Shilling, Filings Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 04/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	921,794	+2.4%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) See Filing Memorandum:
(Adopt 4/1/09 Advisory Rates)Law only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

BANKERS STANDARD INSURANCE COMPANY

Name of Company

Steve Kreider – WC Associate Product Manager

Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 04/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$9,473,406</u>	<u>+2.5%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: N/A Applies to all territories

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of NCCI's revised loss costs for
Illinois per Circular IL-2009-03 Law only Filing

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

Bituminous Casualty Corporation
Name of Company

Dan Trotter - Director - Rate Development & Filings
Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

H29 APR 01 2009

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 04/01/2009.

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$1,878,183</u>	<u>+2.5%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: N/A. Applies to all territories.

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of NCCI's revised loss costs for
Illinois per circular IL-2009-03. Law only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

Bituminous Fire and Marine Insurance Company
Name of Company

DIVISION OF INSURANCE
STATE OF ILLINOIS
FILED

Director - Rate Development & Filings
Official - Title

H29219D

APR 01 2009

SPRINGFIELD, ILLINOIS

INS00106

RECEIVED

Illinois

APR 13 2009

ILLINOIS SUMMARY SHEET

FORM RF-3

IDFPR (IDPS)
DIVISION OF INSURANCE
SPRINGFIELDChange in Company's premium or rate level produced by rate revision effective 4/1/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$7,353,405	+2.5%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Applicable to all territories and classificationsBrief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is to adopt the NCCI

Loss Costs referenced in approval circular IL-2009-03.

Law only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Carolina Casualty Insurance Company

Name of Company

Stacye E. Adams – Sr. Compliance & Regulatory Specialist

Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u>	<u>\$3,710,857</u>	<u>+2.5%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

na

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting IL law only Filing reflecting the implementation of the Hospital Outpatient and Ambulatory Surgical
Treatment Center Fee Schedules loss costs

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.Central Mutual Ins Co
Name of CompanyDIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

SEP 01 2009

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

H29219D

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

08-01-09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or 1)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi Peril		
14. Crop Hail		
15. Workers Compensation	\$4,568,462.00	2.17%
16. Other		

Does filing only apply to certain territory (territories) or certain classes? If so, Specify

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Church Mutual Insurance Company is adopting Reference Filing Numbers
IL-2009-01, IL-2009-03 and IL-2009-04. LAW only, Eling

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

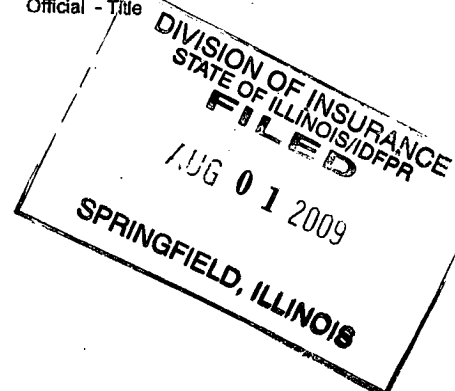
Church Mutual Insurance Company

Name of Company

Lynn A. Reichelt

Director--Casualty Lines

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective July 1, 2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$67,631,901	+2.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All classes and codes are affected.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's 4-1-2009 rate change for a company effective date of 7-1-2009.

Please reference NCCI circulars IL-2009-03 and IL-2009-01.

*Adjusted to reflect all prior rate changes.

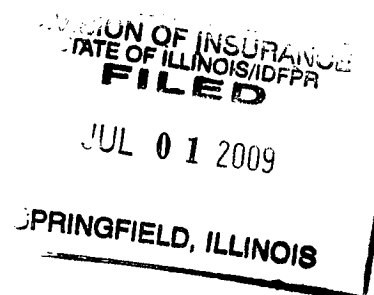
**Change in Company's premium level which will result from application of new rates.

The Cincinnati Casualty Company

Name of Company

Kara Armstead - Senior Filings Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective July 1, 2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$7,722,693	+2.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All classes and codes are affected.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's 4-1-2009 rate change for a company effective date of 7-1-2009.
Please reference NCCI circulars IL-2009-03 and IL-2009-01.

*Adjusted to reflect all prior rate changes.

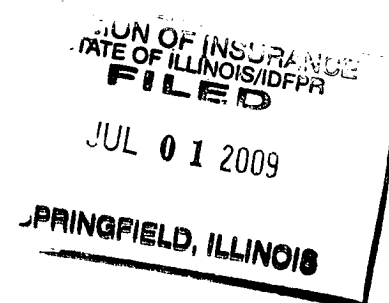
**Change in Company's premium level which will result from application of new rates.

The Cincinnati Indemnity Company

Name of Company

Kara Armstead - Senior Filings Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective July 1, 2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$15,533,603	+2.5%

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: All classes and codes are affected.

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's 4-1-2009 rate change for a company effective date of 7-1-2009.
Please reference NCCI circulars IL-2009-03 and IL-2009-01.

*Adjusted to reflect all prior rate changes.

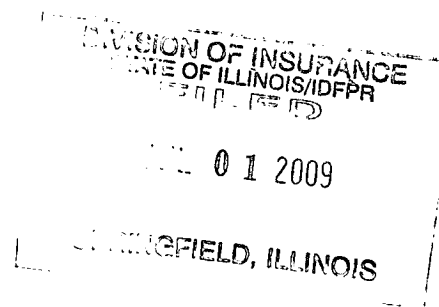
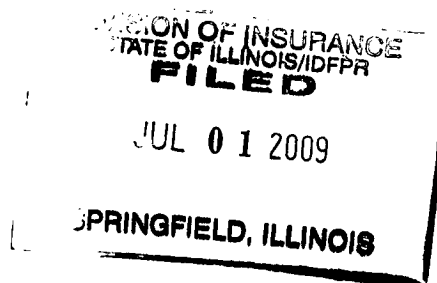
**Change in Company's premium level which will result from application of new rates.

The Cincinnati Insurance Company

Name of Company

Kara Armstead - Senior Filings Analyst

Official - Title



SUMMARY SHEET

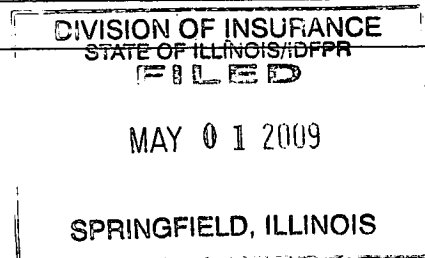
Change in Company's premium or rate level produced by rate
revision effective 05/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$1,019,637</u>	<u>1.7%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): _____

Adopting NCCI rates as found in NCCI Circular IL-2008-13.



- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

Citizens Insurance Company of America
Name of Company

Michele L. Holm - Pricing Consultant
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 05/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$4,395,523</u>	<u>3.5%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): _____

Adopting NCCI rates as found in NCCI Circular IL-2008-13.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

MAY 01 2009

SPRINGFIELD, ILLINOIS

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

Citizens Insurance Company of Illinois
Name of Company

Michele L. Holm - Pricing Consultant
Official - Title

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective 8/1/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$1,111,692	2.50%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Postpone NCCI's effective date of approval circular IL-2009-03 from 4/1/09 to 8/1/09.

Law only Filing

* Adjust to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

COLUMBIA NATIONAL INS. CO.

Name of Company

Dennis McVay, CPCU

Director, Research & Development

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

6/1/2009 NB & RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	\$28,520,386	3.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Consolidated Insurance Company

Name of Company

Dan Francis, Sr. Regulatory Filing Analyst

Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JUN 01 2009

SPRINGFIELD, ILLINOIS

RECEIVED

JAN 21 2009

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective May 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$5,500,000	2.5%
16. Other _____		
Line of Insurance _____		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 1 2009
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adopting NCCI

Voluntary rates and rating values effective April 1, 2009 without deviation. Proposed effective date is 5/1/09.

Law only
Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Continental Indemnity Company
Name of Company

Joan Klucarich, Actuary
Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
SPRINGFIELD, ILLINOIS

SUMMARY SHEETChange in Company's premium or rate level produced by rate Revision effective **8/1/2009**

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>WC</u>	<u>\$3,359,004.</u>	<u>+2.5%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

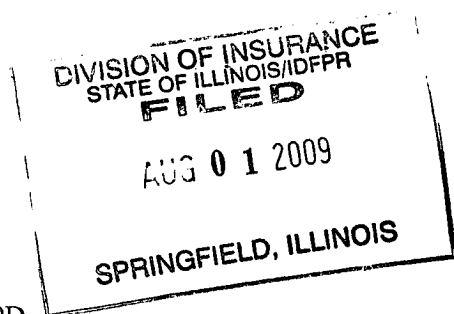
No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adopting NCCI revised loss costs in Law-Only Filing dated effective April 1, 2009.Revising Company exception page WC-LICA-1.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Continental Western Insurance Company

Name of Company

Sharon Winter, Statistical & Research Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2009 For New and Renewal Policies.

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>		
Life of Insurance	\$141,399	+ 2.5%

Does filing only apply to certain territory (territories) or certain Classes? If so, specify :
N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NCCI Voluntary Market Law-Only Loss Cost Filing Effective April 1, 2009
For New and Renewal Policies

* Adjusted to reflect all prior rate changes

** Change in Company's premium level which will result from application of new rates.

Cooperative Mutual Insurance Company

Name of Company

Robert W. Jensen Vice President
Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective April 1, 2009

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$83,334	%+2.5
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

EastGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance., effective April 1, 2009 per IL-2009-03, which reflects an overall increase of 2.5%, for all policies effective on and after April 1, 2009. *Law only Filing*

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

EastGUARD Insurance Company

Name of Company

Jolene Carey, State Filings Representative

Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$8,761,166	2.50%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
exception for class code 6204 Drilling NOC and Drivers rate of \$12.01All territories, all classes withBrief description of filing. (If filing follows rates of an advisory organization, specify organization):
advisory rates approved in NCCI circular IL-2009-03 at current modification of 1.00.We are adopting theLAW only filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

EMCASCO Insurance Company

Name of Company

Don CoughenowerAssistant Vice President

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

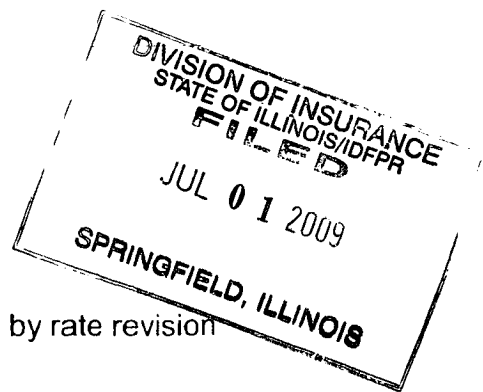
APR 01 2009

SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision
effective ~~04-01-2009~~ 07-01-09.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger	0	0
	Commercial	0	0
2.	Automobile Physical Damag Private Passenger	0	0
	Commercial	0	0
3.	Liability Other Than Auto	0	0
4.	Burglary and Theft	0	0
5.	Glass	0	0
6.	Fidelity	0	0
7.	Surety	0	0
8.	Boiler and Machinery	0	0
9.	Fire	0	0
10.	Extended Coverage	0	0
11.	Inland Marine	0	0
12.	Homeowners	0	0
13.	Commercial Multi-Peril	0	0
14.	Crop Hail	0	0
15.	Other Workers Compensation	13,668,828	3.8%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: Filing is not class or territory particular.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): The intent of the filing is to adopt th IL 04.01.2009 advisory rates
effective 07.01.2009.

LAW only Filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Employers Assurance Company

Name of Company

Melody A Misiaszek

Official - Title

RECEIVED

APR - 9 2009

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective July 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	<u>\$3,752,743</u>	<u>+2.5%</u>
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) National
Council on Compensation Insurance, Circular IL-2009-01,
released 2-19-09. LAW only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Employers Compensation Ins Co
Name of CompanyTerry Marie Counce
Official — TitleSenior Product ManagerDIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JUL 01 2009

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$4,590,969	2.50%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
exception for class code 6204 Drilling NOC and Drivers rate of \$12.01All territories, all classes withBrief description of filing. (If filing follows rates of an advisory organization, specify organization):
advisory rates approved in NCCI circular IL-2009-03 at current modification of 1.00.We are adopting theLaw only Filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Employers Mutual Casualty Company

Name of Company

Don Coughenower

Assistant Vice President

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

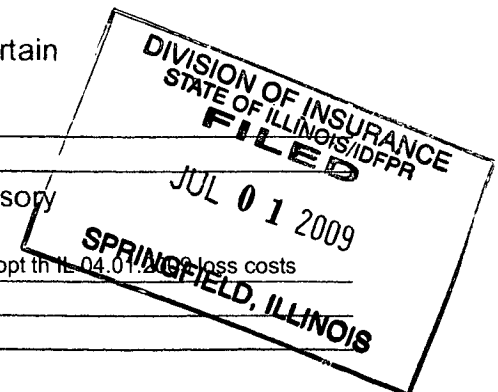
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 04/01/2009.

(1) Coverage		(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger	0	0
	Commercial	0	0
2.	Automobile Physical Damag Private Passenger	0	0
	Commercial	0	0
3.	Liability Other Than Auto	0	0
4.	Burglary and Theft	0	0
5.	Glass	0	0
6.	Fidelity	0	0
7.	Surety	0	0
8.	Boiler and Machinery	0	0
9.	Fire	0	0
10.	Extended Coverage	0	0
11.	Inland Marine	0	0
12.	Homeowners	0	0
13.	Commercial Multi-Peril	0	0
14.	Crop Hail	0	0
15.	Other Workers Compensation	761,983	3.8%
Life of Insurance			

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: Filing is not class or territory particular.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): The intent of the filing is to adopt the 04.01.2009 loss costs effective 07.01.2009.



*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

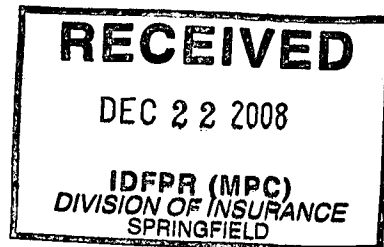
Employers Preferred Insurance Company

Name of Company
Melody A Misiaszek

Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective

05/01/09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$9,696,938	+5.0%

ILLINOIS DEPARTMENT OF INSURANCE
DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFP
FILED
MAY 01 2009
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This filing is to increase the loss cost multipliers by 5%. The current loss cost multiplier is 1.567 and the proposed is 1.645.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Erie Insurance Exchange

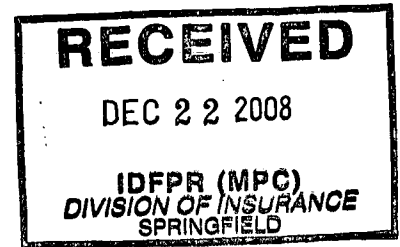
Name of Company

Ross Fonticella
Ross C. Fonticella, ACAS, MAAA
Vice President and Manager

Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective

05/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$1,218,982	+5.0%
<u>Line of Insurance</u>		

STATE OF ILLINOIS/IDFP
FILED
MAY 01 2009
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This filing is to increase the loss cost multipliers by 5%. The current loss cost multiplier is 1.410 and the proposed is 1.481.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Erie Insurance Flagship City

Name of Company

Ross Fonticella

Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

RECEIVED

DEC 22 2008

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

05/01/09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	\$67,029	+5.0%

ILLINOIS DEPARTMENT OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This filing is to increase the loss cost multipliers by 5%. The current loss cost multiplier is 1.802 and the proposed is 1.892.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Erie Insurance Property & Casualty

Name of Company

Ross Fonticella

Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title

RECEIVED

DEC 22 2008

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

05/01/09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$1,177,287	+5.0%

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
MAY 01 2009
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This filing is to increase the loss cost multipliers by 5%. The current loss cost multiplier
is 1.254 and the proposed is 1.317.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Erie Insurance Company of New York

Name of Company



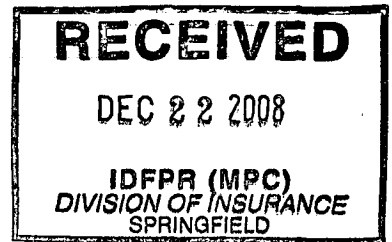
Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective

05/01/09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$1,509,518	+5.0%
Line of Insurance		

ILLINOIS DEPARTMENT OF INSURANCE
DIVISION OF INSURANCE
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This filing is to increase the loss cost multipliers by 5%. The current loss cost multiplier
is 1.640 and the proposed is 1.722.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Erie Insurance Company

Name of Company

Ross Fonticella

Ross C. Fonticella, ACAS, MAAA
Vice President and Manager

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

4/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	4,632,670	+ 2.5% @
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved 4/1/09 loss costs with a company effective date of 4/1/2009. No change to 1.600 loss cost multiplier.NCCI approval circular IL-2009-03 Law only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

@ estimated

Everest National Ins. Co.
Name of Comp

Shiranie Fernandez Filing Analyst.
Official — Tit

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

4/1/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$1,169,754	2.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

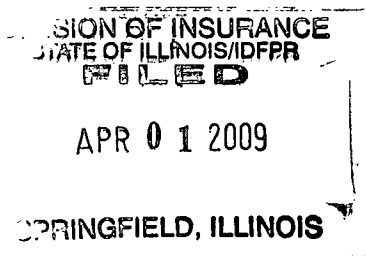
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of Illinois
law only filing provided by NCCI effective 4/1/09.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Farmland Mutual Insurance Company
Name of Company

Brad Liggett - Vice President of Underwriting
Official - Title



Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 04/01/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other wc	4,061,445	2.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Loss cost adoption. Law only Filing

*Adjusted to reflect all prior rate changes.

**Change of company's premium level which will result from application of new
rates.

APR 01 2009
SPRINGFIELD, ILLINOIS

Federated Rural Electric Insurance Exchange

Name of Company

Shelly George, Actuarial Asst.

Official - Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 7/1/09

(1) <u>Coverage</u>		(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Workers' Compensation	\$12,752,756	+2.5%
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Delayed adoption of the IL - Law-Only Filing Reflecting the Implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center (ASTC) Fee Schedules - Voluntary Advisory Rates and Advisory Loss Costs Effective April 1, 2009. Our selected effective date is July 1, 2009. The percent of change listed above is estimated.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Frankenmuth Mutual Insurance Com
Name of Company

Wanda Raymond
R&D Senior Associate
Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JUL 01 2009

SPRINGFIELD, ILLINOIS

RECEIVED

APR 24 2009

IDFPR (IDPS)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,654,226	+3.5%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of the NCCI
IL - 2008-07 filing.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

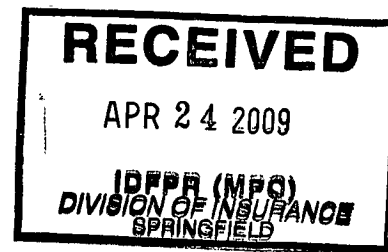
Gateway Insurance Company
Name of CompanyLyn Ward, V.P. - Compliance
Official — TitleDIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2009

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,875,414	+2.5%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI's
IL-2009-01 "law only" filing

* Adjusted to reflect all prior rate changes.

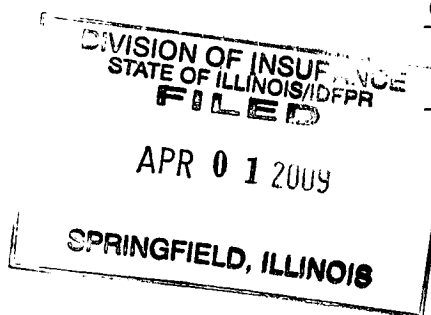
** Change in Company's premium level which will result from application of new rates.

Gateway Insurance Company

Name of Company

Lyn Ward, V.P. - Compliance

Official — Title



ILLINOIS SUMMARY SHEET FORM RF-3

Change in Company's premium or rate level produced by rate revision effective April 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	5,744,259	+2.5
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Filing to maintain
currently approved deviation of 1.050 to be used effective April 1, 2009 and applied to all April 1, 2009 Law-Only rates
approved in NCCI Circular IL-2009-03.

* Adjusted to reflect all prior rate changes.

** change in Company's premium level which will result from application of new rates.

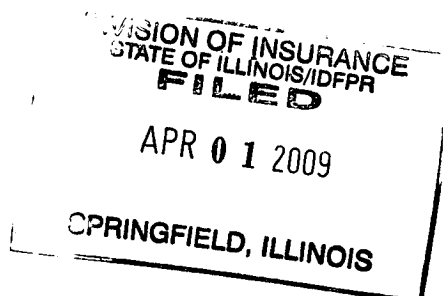
Great West Casualty Company

Name of Company

Janice L. Hohenstein, CPCU

Actuarial Analyst

Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective July 1, 2009.

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>11,297,381</u>	<u>+8.1%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): _____

Adoption of NCCI loss costs and rating values per approval circulars IL-2008-13
and IL-2009-03 with an increased LCM of 1.590 to become effective July 1, 2009
for new and renewal policies. This is a combination of two NCCI filings: the
1/1/09 loss cost filing (per IL-2008-13) and the 4/1/09 Law-Only filing (per IL-
2009-03).

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JUL 01 2009

SPRINGFIELD, ILLINOIS

Grinnell Mutual Reinsurance Company
Name of Company

Karen Bethea - Actuary
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/15/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>16.0 Workers' Compensation</u>	80,580	2.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

We are filing in response to recent law change. Adopting NCCI Circular IL-2009-03 with no deviation changes.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

GuideOne Elite Insurance Company

Name of Company

Scott Reddig, Chief Actuary & SVP

Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/15/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>16.0 Workers' Compensation</u>	1,063,633	2.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

We are filing in response to recent law change. Adopting NCCI Circular IL-2009-03 with no deviation changes.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

GuideOne Mutual Insurance Company

Name of Company

Scott Reddig, Chief Actuary & SVP

Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 05/01/09

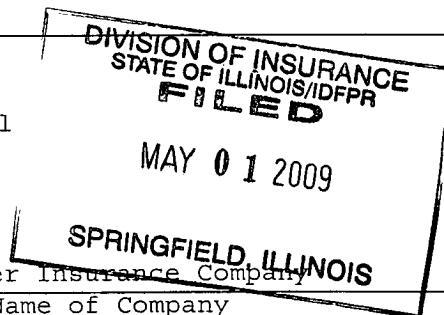
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$1,274,428</u>	<u>1.9%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): _____

Adopting NCCI rates as found in NCCI Circular IL-2008-13.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will
result from application of new rates.



Hanover Insurance Company
Name of Company

Michele L. Holm - Pricing Consultant
Official - Title

RECEIVED

APR - 6 2009

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07/01/2009, Filing #5380.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger	_____	_____
Commercial	_____	_____
2. Automobile Physical Damage		
Private Passenger	_____	_____
Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Workers Compensation</u>	<u>\$3,019,098</u>	<u>+2.5%</u>
Line of Insurance		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
JUL 01 2009
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No certain territory. No certain class.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

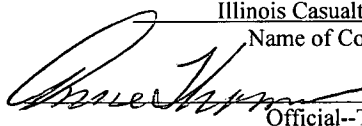
We are adopting National Council on Compensation Insurance (NCCI) Filing Circular IL-2009-01. The rate change is due to the change in medical fee schedules.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Illinois Casualty Company

Name of Company

 Anne Thomas, Program Manager
Official--Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$3,225,999	2.50%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
exception for class code 6204 Drilling NOC and Drivers rate of \$12.01All territories, all classes withBrief description of filing. (If filing follows rates of an advisory organization, specify organization):
advisory rates approved in NCCI circular IL-2009-03 at current modification of 1.00.We are adopting theLaw only Filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Illinois Emcasco Insurance Company

Name of Company

Don CoughenowerAssistant Vice President

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

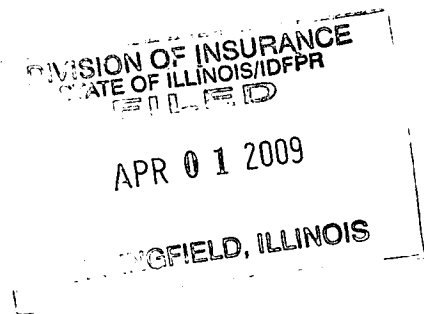
SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Form (RF-3) IMT

Change in Company's premium or rate level produced by rate revision effective: **4/1/09**

	(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary & Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine _____		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	\$584,888.00	+2.5%
16.	Other:		



Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? No

If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): **Effective April 1, 2009, we wish to adopt the NCCI filing of advisory rates and rating values that were filed and approved to be effective that date for both companies in The IMT Group.**

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

IMT Insurance Company
Name of Company

Jason Thompson, BA, MA Filing Analyst, Research & Development
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

10-01-09

Change in Company's premium or rate level produced by rate revision effective ~~04/01/2009~~.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	143,971,666	+2.4%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) See Filing Memorandum;
(Adopt 4/1/09 Advisory Rates)Law only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

INDEMNITY INSURANCE COMPANY of N. AMERICA

Name of Company

Steve Kreider – WC Associate Product Manager

Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

OCT 01 2009

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 6/1/2009 NB & RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$5,407,866	2.5%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Indiana Insurance Company

Name of Company

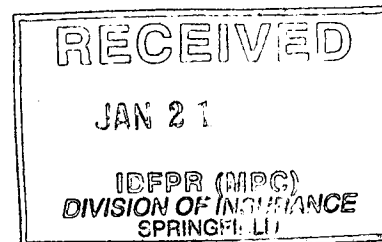
Dan Francis, Sr. Regulatory Filing Analyst

Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JUN 01 2009

SPRINGFIELD, ILLINOIS



Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

 DIVISION OF INSURANCE
 STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

 Change in Company's premium or rate level produced by rate revision
 effective April 1, 2009

SPRINGFIELD, ILLINOIS

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damag Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$68,661	+2.5%
Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adoption of NCCI's Voluntary Advisory Rates and Rating Values

effective April 1, 2009.

Law only filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Insurance Company of the West

Name of Company

Tammy Steinell, Sr. Filing Analyst

Official - Title

RECEIVED

APR 14 2009

IDFPR (MPS)
DIVISION OF INSURANCE
SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective April 1, 2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$468,013	+8.2%
16. Other _____		
Line of Insurance		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adoption of NCCI's Law-Only Advisory Loss Costs, and Miscellaneous Values

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Lumbermen's Underwriting Alliance

Name of Company

Donna Bauman - P&C Filing Analyst

Official — Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 05/01/09.

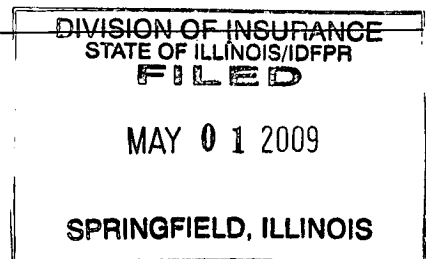
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$5,210,342</u>	<u>3.9%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): _____

Adopting NCCI rates as found in NCCI Circular IL-2008-13.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.



Massachusetts Bay Insurance Company
Name of Company

Michele L. Holm - Pricing Consultant
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	\$76,280	+2.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This is a reference filing. We are adopting the changes made by NCCI in Circular IL-2009-03

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting the changes made by NCCI in Circular IL-2009-03. Our only deviation is unchanged from all prior rate filings. Our maximum minimum premium is filed at \$750 as opposed to the NCCI maximum minimum premium of \$1000. Please see the attached manual exception page which indicates the maximum minimum premium is \$750. The manual exception page shows the maximum minimum premium and the premium algorithm we filed in 2008, 2007 and 2006. LAW only filing

*Adjusted to reflect all prior rate changes.

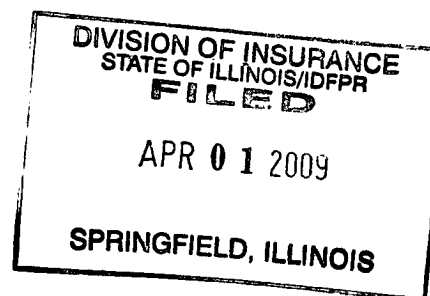
**Change in Company's premium level which will result from application of new rates.

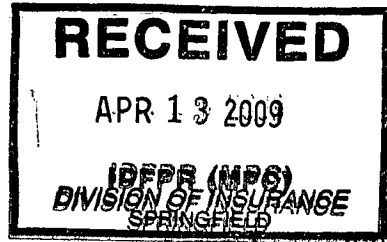
MEMIC Indemnity Company

Name of Company

Compliance Manager

Official - Title





Illinois

ILLINOIS SUMMARY SHEET
FORM RF-3Change in Company's premium or rate level produced by rate revision effective 4/1/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$160,880	+2.5%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Applicable to all territories and classificationsBrief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is to adopt the NCCILoss Costs referenced in approval circular IL-2009-03. Law only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Midwest Employers Casualty Company

Name of Company

Stacye E. Adams – Sr. Compliance & Regulatory Specialist

Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPB
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

SUMMARY SHEET

JUN 01 2009

Change in Company's premium or rate level produced by rate revision
effective 06/01/2009

SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		0.0
	Commercial		0.0
2.	Automobile Physical Damag		
	Private Passenger		0.0
	Commercial		0.0
3.	Liability Other Than Auto		0.0
4.	Burglary and Theft		0.0
5.	Glass		0.0
6.	Fidelity		0.0
7.	Surety		0.0
8.	Boiler and Machinery		0.0
9.	Fire		0.0
10.	Extended Coverage		0.0
11.	Inland Marine		0.0
12.	Homeowners		0.0
13.	Commercial Multi-Peril		0.0
14.	Crop Hail		0.0
15.	Other Work Comp	\$999,345	+2.5
	Life of Insurance		

* Does filing only apply to certain territory (territories) or certain Classes? If so, specify: All territories, all classes

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NCCI 04/01/2009 rates

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED
JUN 01 2009
ILLINOIS

Midwest Family Mutual Ins Co

Name of Company

Heather Sams- R & D Analyst

Official - Title

ILLINOIS

ILLINOIS SUMMARY SHEET
FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:			5/1/2009
(1)	(2)	(3)	
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**	
1. Automobile Liability			
Private Passenger			
Commercial			
2. Automobile Physical Damage			
Private Passenger			
Commercial			
3. Liability Other than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Workers Compensation	12,332,445	+2.4%	
16. Other:			

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing (if filing follows rates of any advisory organization, specify organization).

Midwest Insurance Company is adopting the NCCI advisory rates effective April 1, 2009 with previously approved 10% downward deviations for class codes 2003, 3145, 3400, 3632, 8001, 8006, 8010, 8017, 8018, 8021, 8033, 8046, 8832, 9052, 9058, 9060, 9082, 9083, 9586. Midwest Insurance Company is adopting the revised rates effective 5/1/2009

Law only filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Midwest Insurance Company

Name of Company

COMMISSION OF INSURANCE
STATE OF ILLINOIS/IDFPA
FILED

MAY 01 2009

Larry E. Hochstetler-VP Planning

Official - Title

SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

RECEIVED

APR 13 2009

**IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD**Change in Company's premium or rate level produced by rate revision effective 04/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	3,462,126	2.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the National Council on Compensation Insurance, Inc.'s ("NCCI") Illinois Law-Only Filing Reflecting
 The Implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center (ASTC) Fee Schedules
 - Voluntary Loss Costs, Effective April 1, 2009

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS
 Mitsui Sumitomo Insurance
 Company of America
 Name of Company

Scott M. Herbert, Sr. Gov't.
 Affairs Analyst
 Official - Title

RECEIVED

APR 13 2009

**IDFPR (MPS)
DIVISION OF INSURANCE
SPRINGFIELD**

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	2,237,869	2.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the National Council on Compensation Insurance, Inc.'s ("NCCI") Illinois Law-Only Filing Reflecting
The Implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center (ASTC) Fee Schedules
- Voluntary Loss Costs, Effective April 1, 2009

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.**DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED**

APR 01 2009

SPRINGFIELD, ILLINOIS

Mitsui Sumitomo Insurance
USA Inc.

Name of Company

Scott M. Herbert, Sr. Gov't.
Affairs Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 04/01/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,856,244	+2.5%
16. Other _____		
Line of Insurance		

DIVISION OF INSURANCE
 STATE OF ILLINOIS/IDFPR
 FILED
 APR 01 2009
 SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Law only Filing

Adoption of NCCI Workers Compensation Loss Cost Reference Filing Number IL-2009-03, effective 04/01/2009.

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

National Interstate Insurance Company
 Name of Company

Kathy Juhasz, Regulatory Compliance Spec.
 Official — Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

4/1/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$4,257,492	2.5%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of Illinois
 law only filing provided by NCCI effective 4/1/09.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Nationwide Agribusiness

Name of Company

Brad Liggett - Vice President of Underwriting

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE
 STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 6/1/2009 NB & RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$10,343,294	4.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Netherlands Insurance Company

Name of Company

Dan Francis, Sr. Regulatory Filing Analyst

Official – Title

 DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JUN 01 2009

SPRINGFIELD, ILLINOIS

RECEIVED

JAN 21 2009

 IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective April 1, 2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$773,618	%+2.5
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

NorGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance, Inc., effective April 1, 2009 per IL-2009-03 which reflects an overall increase of 2.5%, for all policies effective on and after April 1, 2009. *Law only Filing*

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

NorGUARD Insurance Company

Name of Company

Jolene Carey, State Filings Representative

Official - Title

**DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED**

APR 01 2009

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

04/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler & Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers' Compensation	<u>5,992,436</u>	<u>2.5%</u>
16. Other		

Does filing only apply to certain territory(ies) or certain classes? If so, specify:
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization.)

Adoption of NCCI Loss costs

Law only Filing

* Adjusted to reflect all prior rate changes.

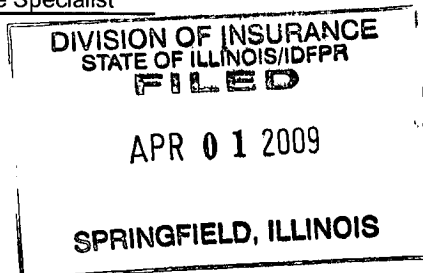
** Change in Company's premium level which will result from application of new rates.

North American Specialty Insurance Company

Name of Company

Linda Snook, Compliance Specialist

Official -- Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 6/1/2009 NB & RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$2,879,351	4.2%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

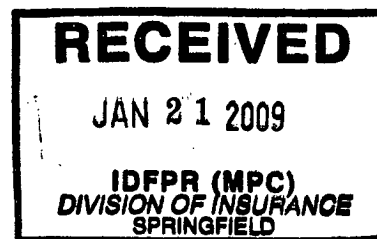
The Ohio Casualty Insurance Company

Name of Company

Dan Francis, Sr. Regulatory Filing Analyst

Official – Title

DIVISION OF INSURANCE
 STATE OF ILLINOIS/IDFPR
FILED
 JUN 01 2009
 SPRINGFIELD, ILLINOIS



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2009 NB & RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$747,560	3.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Ohio Security Insurance Company

Name of Company

Dan Francis, Sr. Regulatory Filing Analyst

Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JUN 01 2009

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective April 1, 2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$8,511,031</u>	<u>+2.5</u>
<u>Line of Insurance</u>		

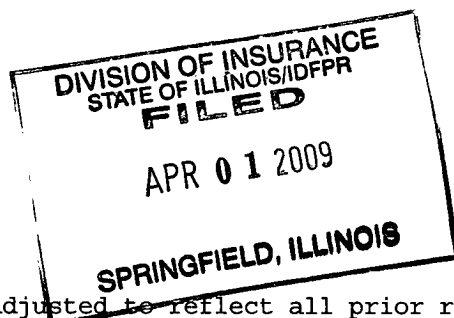
Does filing only apply to certain territory (territories) or certain classes?
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Old Republic General Insurance Corporation
Adoption of NCCI IL-2009-01 IL Law-Only
Filing due to the Implementation of the
Hospital Outpatient and Ambulatory Surgical
Treatment Center Fee Schedules - Voluntary
Advisory Loss Costs, Rates, and Rating
Values

We request an effective date of April 1,
2009 to coincide with the NCCI loss cost
filing approved under Circular IL-2009-03.

We will apply our LCM, 1.64, to the April
1, 2009 NCCI loss costs.

We hereby certify that the only changes
made from our previously filed manual are
the NCCI changes as adopted and filed under
our Rates Tab.



* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

Old Republic General Insurance Corporation
Name of Company

Deborah J Matthews - AVP, Compliance
Official - Title

H29219D

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective April 1, 2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>10,471,22,</u>	<u>+2.5</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization):

OLD REPUBLIC INSURANCE COMPANY

Adoption of NCCI IL-2009-01 IL Law-Only Filing due to the
Implementation of the Hospital Outpatient and Ambulatory Surgical
Treatment Center Fee Schedules - Voluntary Advisory Loss Costs,
Rates, and Rating Values

We request an effective date of April 1, 2009 to coincide with
the NCCI loss cost filing approved under Circular IL-2009-03.

We will apply our LCM, 1.72, to the April 1, 2009 NCCI loss
costs.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

We hereby certify that the only changes made from our previously
filed manual are the NCCI changes as adopted and filed under our
Rates Tab.

Old Republic Insurance Company
Name of Company

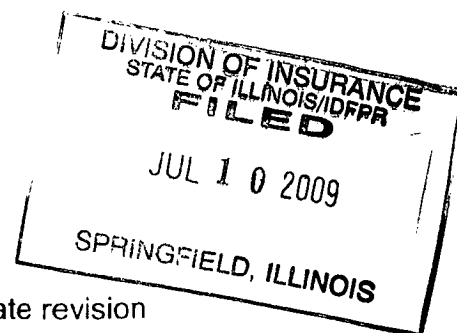
Deborah J. Matthews - Manager - Regulatory Compliance
Official - Title

H29219D

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision
effective July 10, 2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$27,799,574	+7.0%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No, applies to all classes.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

We are revising our rates, deviating from the National Council on
Compensation Insurance (NCCI) 1/1/09 rates. Preferred classes (listed on the cover letter) are deviated +10%
from NCCI advisory rates. All other classes are deviated +17% from NCCI advisory rates.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Owners Insurance Company

Name of Company

Jennifer L. Smith, Assistant Manager

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

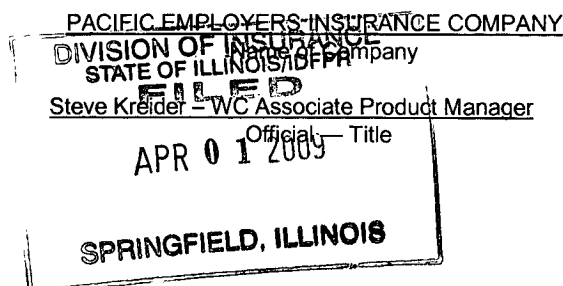
Change in Company's premium or rate level produced by rate revision effective 04/01/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	6,480,917	+2.4%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adopt 4/1/09 Advisory RatesLaw only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 6/1/2009 NB & RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$511,483	1.1%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Peerless Indemnity Insurance Company

Name of Company

Dan Francis, Sr. Regulatory Filing Analyst

Official - Title

 DIVISION OF INSURANCE
STATE OF ILLINOIS
FILED

JUN 01 2009

SPRINGFIELD, ILLINOIS

RECEIVED

JAN 21 2009

 IDFPB (MPC)
DIVISION OF INSURANCE
JAN 21 2009

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 6/1/2009 NB & RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	\$3,792,473	2.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Peerless Insurance Company

Name of Company

Dan Francis, Sr. Regulatory Filing Analyst

Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JUN 01 2009

SPRINGFIELD, ILLINOIS

RECEIVED

JAN 21 2009

IDFPR (MFC)
DIVISION OF INSURANCE
SPRINGFIELD

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 4-1-09 New & Renewal

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$43,356,282	+3.3%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adopt NCCI Rate Revision of 4-1-09 without deviation.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

PEKIN INSURANCE COMPANY

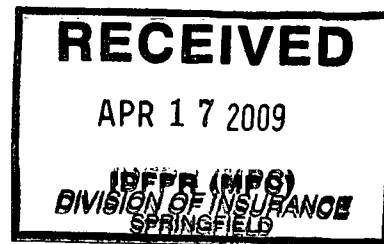
Name of Company

R.M. MCGANN - Director of Pricing & Regulatory Filings, Assistant Secretary

Official - Title

Form (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective

**April 1, 2009 New and
Renewal**

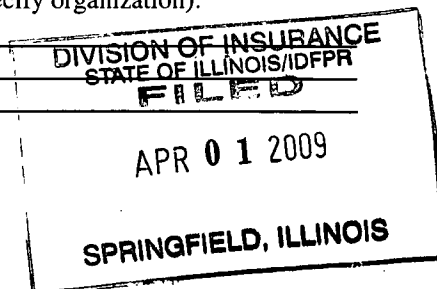
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$1,079,563	+2.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No, the filing applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of April 1, 2009 NCCI loss costs law only filing.



* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Penn Millers Insurance Company

Name of Company.

Stephanie Smith - Business Analyst II

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7-1-2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	\$2,248,128	-0.7%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: The LCM for Class Code 8045 will be reduced slightly from 1.427 to 1.222 with this filing. All other classes will have the loss cost multiplier remain at 1.644.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Cost Revisions - announced in Circular IL-2009-03.

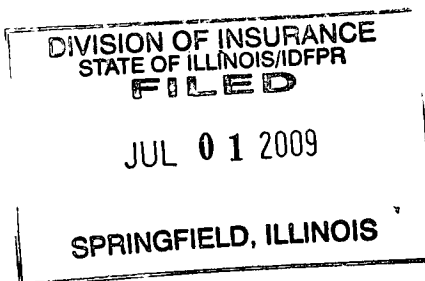
Law only Filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Pharmacists Mutual Insurance Company
Name of Company

Kris Laubenthal - Rate Filing Analyst
Official - Title



RECEIVED

APR 22 2009

IDFPR (MPO)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 5/15/2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	2,942,768	+23.0
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify yes

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adopts the April 2009 NCCI revised rates and miscellaneous values
with a deviation of 1.20

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Praetorian Ins. Co.

Name of Company

Tina Knight, Analyst

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

MAY 15 2009

SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2009

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>\$590,633</u>	<u>+2.5%</u>
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopt NCCI Advisory Rates and Rating Values referenced in Circular #IL-2009-03.Law only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Preferred Professional Insurance Company

Name of Company

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILEDDenise A. Hill, VP, Corporate Compliance Officer

Official - Title

H29219D

APR 01 2009

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective April 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$3,172,105	2.5%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NA

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Protective Insurance Company is a member of NCCI. We wish to adopt the approved advisory rates referenced in NCCI Circular IL-2009-03. Law only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Protective Insurance Company

Name of Company

Jeremy Jaynes - Compliance Analyst

Official — Title

**DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED**

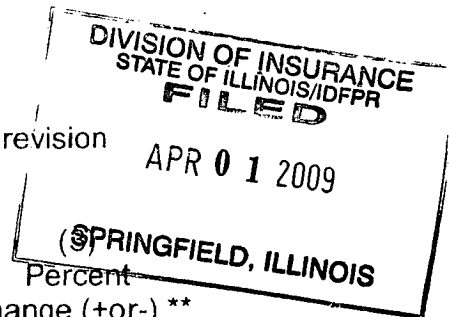
APR 01 2009

SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective APRIL 1, 2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other WORKERS COMPENSATION	\$691,941	+2.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: NO

Brief description of filing. (If filing follows rates of an advisory

Organization, specify
organization): LAW only Filing

ADOPTING LOSS COST AND RATING VALUES EFFECTIVE

APRIL 1, 2009 AS PER NCCI CIRCULAR IL-2009-01 AND APPROVAL CIRCULAR IL-2009-03. WE WILL NOT BE AMENDING
OUR CURRENTLY APPROVED LOSS COST MULTIPLIER OF 1.375 AND EXPENSE CONSTANT OF \$280.00

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

PUBLIC SERVICE MUTUAL INSURANCE COMPANY

Name of Company

ANITA FITCH - WORKERS COMPENSATION ANALYST

Official - Title

Change in Company's premium or rate level produced by rate revision effective 06/01/2009

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers	\$2,033,534	+2.5%
	Compensation		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

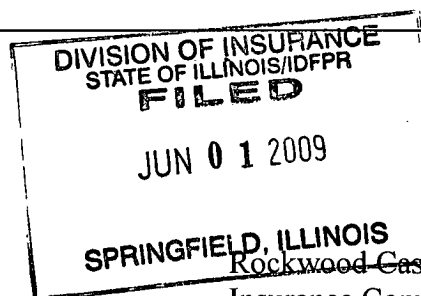
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI Law-Only Filing Reflecting the Implementation of the ASTC Fee Schedule - effective 6/1/2009 for Rockwood Casualty Insurance Company

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Rockwood Casualty
Insurance Company - FED
TAX ID 25-1620138
Name of Company

Andra M. Snyder, Regulatory
Compliance Officer
Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective April 1, 2009

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Compensation</u>	<u>29,129,700 (exact)</u>	<u>+2.5%</u>
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

NCCI Law-Only Filing Effective 4-1-2009

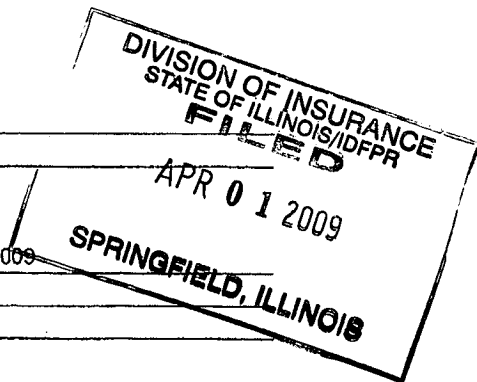
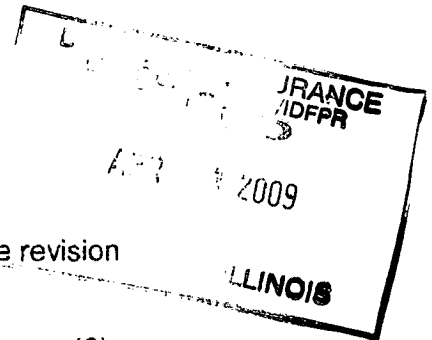
*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

SeaBright Insurance Company

Name of Company

Official - Title



RECEIVED

APR 16 2009

IDFPR (MPO)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

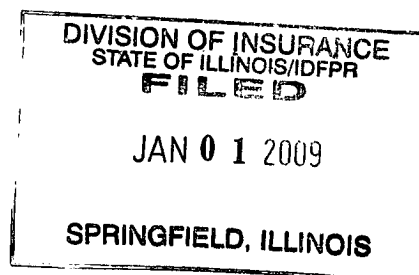
Change in Company's premium or rate level produced by rate revision effective 1-1-09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	<u>28,078,973</u>	<u>+ 7.8%</u>
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify N/ABrief description of filing (if filing follows rates of an advisory organization, specify organization) VoluntaryAdvisory RATE & Rating VALUES Effective 1-1-09

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

SEABRIGHT Insurance
Name of Company[Signature] - Underwriting Director
Official — Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective New and Renewal 5-1-2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	167,751 (2008 DWP)	+ 2.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
National Council on Compensation Insurance, Inc. rate and rating value change. Law only Filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

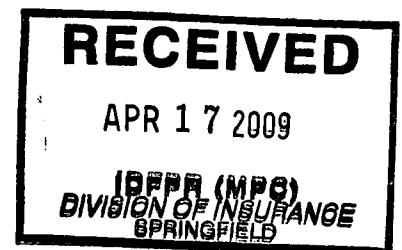
Standard Mutual Insurance Company

Name of Company

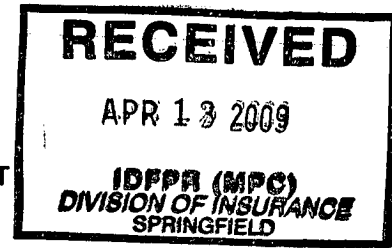
Larry L. Boehm

Larry L. Boehm, Assistant Underwriting Manager

Official - Title



ILLINOIS SUMMARY SHEET
FORM RF-3



Change in Company's premium or rate level produced by rate revision effective 4/1/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other		
Line of Insurance	\$3,991,383	+2.5%

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPB
FILED
APR 01 2009
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Applicable to all territories and classifications

Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is to adopt the NCCI

Loss Costs referenced in approval circular IL-2009-03.

LAW only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

StarNet Insurance Company

Name of Company

Stacye E. Adams – Sr. Compliance & Regulatory Specialist
Official — Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 7/1/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	31722329	+2.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

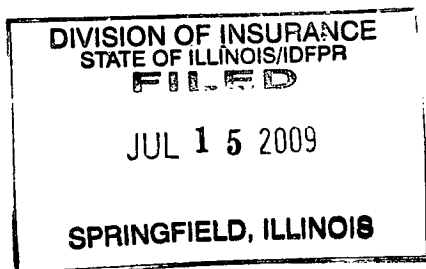
Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adoption of NCCI rates referenced in IL-2009-01 on 7/1/2009

Law only Filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.



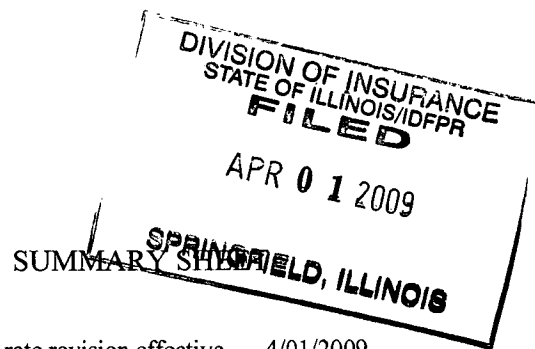
Technology Insurance Company

Name of Company

Submitted by: James Shoenfelt, ACAS

Official - Title

Form (RF-3)



Change in Company's premium or rate level produced by rate revision effective 4/01/2009

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>2,213,027</u>	<u>2.5%</u>
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of Law-Only Filing Reflecting the Implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center (ASTC) Fee Schedules

Voluntary Advisory Rates and Advisory Loss Costs Effective April 1, 2009

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Tower Insurance Company of New York
Name of Company

Faye V. Storch
Senior Business Analyst
Official - Title

H29219D

RECEIVED

APR 16 2009

**IDFPR (MPO)
DIVISION OF INSURANCE
SPRINGFIELD**

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate
revision effective 04/01/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>585,962</u>	<u>2.5%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: N/ABrief description of filing. (If filing follows rates of an advisory
organization, specify organization): _____Adoption of NCCI IL WC Law Only Filing Reflecting the Implementation of the
Hospital Outpatient and Ambulatory Surgical Treatment Center (ASTC) Fee
Schedules-Voluntary Advisory Rates Effective April 1, 2009*Law only Filing*

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

**DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED**

APR 01 2009

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
Name of CompanyGloria A. Goldbranson, FLMI - Compliance Support Leader
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective April 1, 2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$ 119,340	3.1%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Filing applies to all standard classes

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adoption of NCCI's new rates by using our approved deviation of -10%. NCCI LAW only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Ullico Casualty Company

Name of Company

David A. Christhif, AVP and Actuary

Official — Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

APR 01 2009

SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 7/1/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	4673711	+2.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

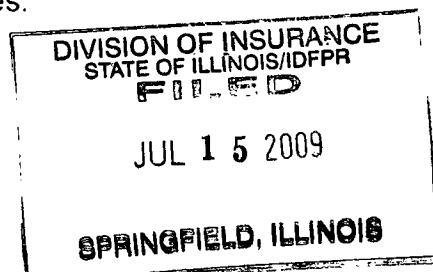
Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adoption of NCCI rates referenced in IL-2009-01 on 7/1/2009

Law only Filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.



Wesco Insurance Company

Name of Company

Submitted by: James Shoenfelt, ACAS

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 6/1/2009 NB & RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$3,408,603	3.7%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

Please refer to the enclosed Actuarial Memorandum.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

West American Insurance Company

Name of Company

Dan Francis, Sr. Regulatory Filing Analyst

Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JUN 01 2009

SPRINGFIELD, ILLINOIS

RECEIVED

JAN 21 2009

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

RECEIVED

APR - 9 2009

IDFPR (MPS)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2009

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability			
Private Passenger			
Commercial			
2. Automobile Physical Damage			
Private Passenger			
Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other <u>Workers' Compensation</u>		<u>23,078,990</u>	<u>+2.5</u>
<u>Line of Insurance</u>			

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Overall premium level change of +2.5%. Adopting April 1, 2009 advisory rates for the law only change.Westfield Insurance Company #228-24112

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.Westfield Insurance Co.

Name of Company

Rhonda RobertsProduction Specialist
Product Management

Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

SEP 01 2009

SPRINGFIELD, ILLINOIS

RECEIVED

APR - 9 2009

IDFPR (MPG)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>2,980,208</u>	<u>+2.5</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Overall premium level change +2.5% and a previously filed deviation of 1.25 from the NCCI rates. Adopting April 1, 2009 advisory rates law only change.

Westfield National Insurance Company #228-24120

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

STATE OF ILLINOIS
FILED

SEP 01 2009

SPRINGFIELD, ILLINOIS

Westfield National Insurance Co.

Name of Company

Rhonda Roberts
Production Specialist
Product Management

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

04/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler & Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers' Compensation	17,138,231	2.4%
16. Other		

Does filing only apply to certain territory(ies) or certain classes? If so, specify:
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization.)

Adoption of NCCI Loss costs

Law only / Filing

* Adjusted to reflect all prior rate changes.

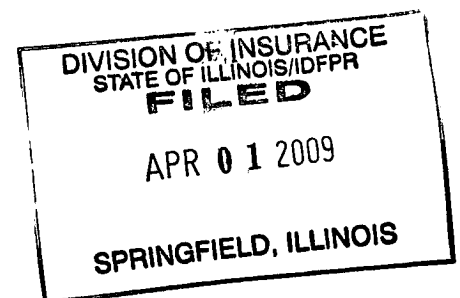
** Change in Company's premium level which will result from application of new rates.

Westport Insurance Corporation

Name of Company

Linda Snook, Compliance Specialist

Official -- Title



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 5 1 09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	4,510,742	+2.5%
16. Other _____		
Line of Insurance		

DIVISION OF INSURANCE
 STATE OF ILLINOIS/IDFPR
FILED
 MAY 01 2009
 SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Following NCCI Loss
Costs effective 4 1 09 -- Implementation of Hospital Outpatient and Ambulatory
Surgical Treatment Center Fee Schedule-No change to LCM-WFCC effective 5 1 09

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Work First Casualty Company

Name of Company

Kathy T. Forno, HIA, ACP Manager, State Filings

Official — Title